

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

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**VERFAHREN UND EINRICHTUNG ZUM HERSTELLEN
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First Named Inventor (or Application Identifier):
Udo Dräger et al.

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Name: Carmen V. Versinger

Date: October 28, 2003

22278 U.S. PTO
10/695315



Enclosed are:

1. ☒ Specification
2. ☐ 3 Sheet(s) of drawing(s)
3. ☐ Information Disclosure Statement Under 37 CFR 1.97
4. Combined Declaration for Patent Application and Power of Attorney:
 - 4a. ☒ New (*Unsigned*)
 - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed))
5. ☐ Incorporation by Reference (useable if Box 4b is
Checked) The entire disclosure of the prior application, from
which a copy of the oath or declaration is supplied under Box 4b,
is considered as being part of the disclosure of the accompanying
application and is hereby incorporated by reference therein.
6. ☒ Assignment of the invention to
NexPress Solutions LLC
7. ☒ Certified copy of German Priority
Appl. No. 10251616.2 - Filed: 11/06/02
8. ☐ Associate Power of Attorney
9. ☐ Deletion of Inventor(s).
Signed statement attached deleting inventor(s) named
in the prior application, see 37 CFR 1.63(d)(2) and
1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,
after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. ,
filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application No: _____ -

Filed: _____, Entitled: _____

12. ☒ Please address all written communications to: **Lawrence P. Kessler, Patent Department,
NexPress Solutions LLC, 1447 St. Paul Street, Rochester, New York 14653-7103 (U.S.A.)**
Please Direct all telephone calls to: **Lawrence P. Kessler** at Telephone No. (585) 253-0123.

The filing fee has been calculated as shown below:

FOR:	NO. FILED		NO. EXTRA	RATE	FEE
BASIC FEE					\$ 770
TOTAL CLAIMS	14	- 20 =		x 18 =	\$ 0
INDEPENDENT CLAIMS	2	- 3 =		x 86 =	\$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED				+ 290	\$ 0
				TOTAL	\$ 770

- ☒ Please charge the NexPress Solutions LLC, Deposit Account No. **50-1466** in the amount of: **\$770.00**

A duplicate copy of this sheet is enclosed

- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under
37 CFR 1.16 or credit any overpayment to: NexPress Solutions LLC, Deposit Account No. **50-1466**.
A duplicate copy of this sheet is enclosed.

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